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PTO/SB/17 (12-04v2)

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ction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 09/654,263-Conf. #005719 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** September 1, 2000 Filing Date FEE TRANSMITTAL Manabu HYODO First Named Inventor For FY 2005 **Examiner Name** C. S. Yoder 2612 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 0879-0271P TOTAL AMOUNT OF PAYMENT 120.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Other (please identify): x Check Credit Card Money Order None Birch, Stewart, Kolasch & Birch, LLP Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES **EXAMINATION FEES FILING FEES Small Entity Small Entity Small Entity** Fee (\$) Fees Paid (\$) Fee (\$) Application Type Fee (\$) Fee (\$) <u>Fee (\$)</u> Fee (\$) 200 300 150 500 250 100 Utility Design 200 100 100 50 130 65 160 80 100 300 150 200 Plant 600 300 300 150 500 250 Reissue 0 100 0 0 200 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) Multiple dependent claims 360 180 **Multiple Dependent Claims** Fee Paid (\$) **Total Claims Extra Claims** Fee Paid (\$) Fee (\$) Extra Claims Fee Paid (\$) Indep. Claims - 3 = 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Number of each additional 50 or fraction thereof Fee (\$) Extra Sheets (round up to a whole number) x - 100 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) 120.00 Other (e.g., late filing surcharge): 1251 Extension for response within first month SUBMITTED BY Registration No. 39,491 Telephone (703) 205-8000 Signature Date May 27, 2005 Name (Print/Type) Michael R. Cammarata



AMERIMENT TRANSMITTAL LETTER					Docket No. 0879-0271P
Application No.		Filing Date		Examiner	Art Unit r 2612
09/654,263-Conf. #005719		September 1, 2000		C. S. Yode	2012
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	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
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Independent Claims	3	- 3 =		×	
Multiple Depend	lent Claims (ch	eck if applicabl	le)		
Other fee (please specify): Extension for response within first month					120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00
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No additiona	al fee is require	d for this ame	ndment.		
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× A check in the	ne amount of \$	120.00	to cover	the filing fee is enc	losed.
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x Credit a	ny overpaymer	nt.			
x Charge a	any additional fil	ing or application	on processing	fees required under 3	37 CFR 1.16 and 1.17.
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Michael R. Can Attorney Reg. N					
BIRCH, STEWART 8110 Gatehouse R Suite 100 East P.O. Box 747 Falls Church, Virgir (703) 205-8000	d	RCH, LLP			